

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven E. Chies

Mailing Address 7651 Old Central Ave NE

City State Zip Code
 Fridley MN 55432

FEC ID number of contributing federal political committee.

C

Name of Employer
 Benedictine Health System

Occupation
 Senior VP, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : C2913647

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patti Cullen

Mailing Address 7851 Metro Parkway
Suite 200

City State Zip Code
 Bloomington MN 55425

FEC ID number of contributing federal political committee.

C

Name of Employer
 Care Providers of Minnesota

Occupation
 President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 19 / 2015

Transaction ID : C2914751

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joseph Donchess

Mailing Address 7844 Office Park Blvd

City State Zip Code
 Baton Rouge LA 70809-7603

FEC ID number of contributing federal political committee.

C

Name of Employer
 Louisiana Nursing Home Association

Occupation
 Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015

Transaction ID : C2933874

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►